

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/744793

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3				1		
4					1	
5						1
6				1		
7					1	
8						1
9						
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11						
12						
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14						
15						
16						
17						
18		1				
19				1		
20					1	
21						1
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23						
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25						
26						
27		1				
28						1
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31						
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34						
35						
36		1				
37						
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41						
42						
43						
44						
45						
46						
47		1				
48				1		
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.	↔			↔		↔
TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
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96						
97						
98						
99						
100						
TOTAL IND.			↓		6	
TOTAL DEP.	↔			↔	47	↔
TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	53	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS